

Governor's Report, February 2009

Iowa's Early Intervention System

The Early ACCESS system is for families of infants and toddlers, with or at-risk for developmental delays, and service providers to work together in identifying, coordinating, and providing needed services and resources that will help the family assist their child to grow and develop.

Vision:

Every child, beginning at birth, will be healthy and successful.



The Iowa Council for Early ACCESS

The purpose of the Iowa Council for Early ACCESS is to advise and assist the Lead Agency working collaboratively with partnering agencies in the coordination, development, and implementation of the policies that constitute the statewide system of early intervention services.

Iowa Council for Early ACCESS Kelly Hancock, Chair snoopl13cav@cableone.net

State Early ACCESS Coordinator Julie Curry 515-281-5437 julie.curry@iowa.gov

Making a Referral is easy, visit: www.earlyaccessiowa.org

State Early ACCESS Funding Supports Child and Family Success

Nathan Bumgarner, 20 months, was born with Atrial Ventricular Septal Defect (AVSD), which means he had a hole in his heart. Nate lives with his parents, Hope and Darren Bumgarner, in Spencer, Iowa.

Nate's condition went undetected until he was five weeks old. Then he stopped breathing. Nate was life-flighted to Sioux Falls and then on to Children's Hospital in Omaha, Nebraska where he underwent open-heart



surgery at just six weeks. After three weeks in the hospital, Nate was allowed to go home. "When we came home it was helpful knowing that we had the support of the Child Health Special Clinics (CHSC) in Spencer," said Hope. Nate saw CHSC's Barb Wilkerson, ARNP, and she worked with the Bumgarners to set up a plan of action to help Nate catch up developmentally. In order to meet their goals, Nate was set up with a variety of services, which were coordinated by Sally Phelps, Early ACCESS Service Coordinator. Nate received help through Children Achieving Maximum Potential Services (CAMPS) at the Spencer Hospital for feeding therapy, as well as in-home occupational therapy through Prairie Lakes AEA. Currently Nate receives in-home speech and physical therapy through the Prairie Lakes AEA.



Iowa's Interagency Collaborative System

The system that implements the Individuals with Disabilities Education Act (IDEA 2004) Part *C* is referred to as Early ACCESS since it is a collaborative system of four state agencies. The four agencies, known as the Signatory Agencies, are the Iowa Department of Education, Iowa Department of Public Health, Iowa Department of Human Services, and the University of Iowa Child Health Specialty Clinics.

Collaborative System Meets Child and Family Needs

To meet child and family needs, the interagency system:

- ✓ Works together in partnership with families
- ✓ Is family centered
- ✓ Identifies needs early
- ✓ Promotes early intervention
- ✓ Promotes services in settings that are most natural to families
- ✓ Respects cultural differences

Department of Education

How well does Early ACCESS help Families?

Every year, families complete a survey regarding Early ACCESS Services. According to family survey results, families report high levels of impact for services.

| Family Survey Measure | Percent of Impact |
|---------------------------|-------------------|
| Parents Know their rights | 96.36 |
| Parents can effectively | |
| talk about their child's | 95.05 |
| needs | |
| Parents know how to | |
| help their child develop | 94.61 |
| and learn | |

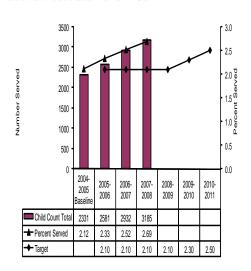
Source. FFY 2007 (2007-2008) Part C Annual

Performance Report

What difference does Early ACCESS make?

The number of infants and toddlers and their families served has increased four consecutive years.

Number and Percent of Infants and Toddlers Birth to Three With IFSPs.



Source. Part C Annual Performance Report (Figure C6.1); Feb, 2009.



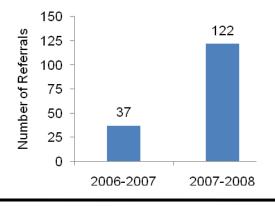


Iowa's Interagency Collaborative System (Continued)

Department of Public Health

Through dedicated federal funds of the Early ACCESS System, DPH supported referral procedures for every child under three years of age with lead poisoning (Venous blood level greater than or equal to 20 micrograms per deciliter) and service coordination for infants and toddlers.

Level III hospitals and High Risk Infant Follow-up programs increased the number of Early ACCESS referrals for infants birth to one-year-old.



Child Health Specialty Clinics

Renewed dedicated state funding to the Early ACCESS System and Child Health Specialty Clinics, increased services provided for 112 medically at-risk infants and toddlers.

| At-Risk Condition | Number Served |
|-------------------|---------------|
| Premature | 51 |
| Medically Complex | 32 |
| Drug Exposed | 19 |
| Other | 10 |
| Total | 112 |

State Funds Impact Needed Nutrition Services

Nutrition services are nearly always denied by private insurance. Early ACCESS state funds supported increased access to specialized dietitian services. Good nutrition is vital for growth and learning.

| Nutrition Services | Number Served |
|-----------------------|---------------|
| New Referrals | 65 |
| Intervention Services | 48 |

The Importance of Proper Nutrition

Optimal brain development in a child's early years is

linked with proper nutrition. That is the key reason Janet and Kevin Felton of Cascade, Iowa sought assistance from CHSC dietitian services



through Early ACCESS for their daughter, Nicole. Nicole is a 22 month old with chromosomal anomalies of Turner Syndrome and Trisomy 8. One result of this condition is feeding difficulties. Early ACCESS nutrition services are essential to Nicole's health and development. Tonya Krueger, RD, for CHSC provides assistance for Nicole's appropriate diet intake based on information that she has collected from Janet and Kevin and from reviewing medical records. Tonya has also collaborated with the local AEA in setting up Polycom conferences and has utilized the AEA and equipment since the location was more convenient for Janet and Kevin. The assistance provided to us

(continued next page)



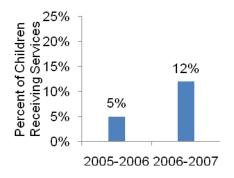
Iowa's Interagency Collaborative System (Continued)

(continued from page 3)

through Early ACCESS nutrition-services is not duplicated in any other medical care Nicole receives. This nutrition service has been at no cost to us or our insurance company since it is offered through Early ACCESS. The service has helped us to meet our goal of providing Nicole with the best nutrition possible to meet her learning and health needs.

Department of Human Services

The Early ACCESS system is required by law (IDEA-2004) to assure children who were abused/neglected and are eligible for Early ACCESS Services are enrolled. The Department of Human Services reported an increase of Early ACCESS services received by these children.



One Family States:

"Early ACCESS got us where we needed to go-I don't know what we would have done without them!!"



A Healthy and Drug Free Family

The biggest share of Cindi Bossard's Service Coordination caseload is children whose parents are involved with DHS, due to substance abuse. Due to confidentially, "John" is a fictitious name, but the story is accurate. Cindi met John when he first came to live with his mother at a long-term residential treatment program for women and children. John's mother used alcohol and drugs all through her pregnancy and both parents used in the home after John was born. His father was very abusive to him and his mother. For safety reasons, she sent him to be with family from out of state.

John's mother became pregnant again and wanted to make a positive change in her life. She went to treatment. As she progressed in treatment she realized that it was important to have her son move back with her. When Cindi first saw John he was in rage, screaming, crying, hitting and kicking. He was scared and so was his mother. An initial assessment at Child Health Specialty Clinics showed that he was extremely delayed in all areas of his development. His behavior was "over the top" and as a result his mother was overwhelmed. John received services through Early ACCESS. An Early Childhood Special Education Teacher and a Service Coordinator met with this family several times each month. They worked on communication and social skills. During this time, his mother delivered a little girl. She was very proud that the baby was healthy and drug free.

John is now three-years-old. Early ACCESS and CHSC helped assess and find appropriate medical and mental health services for him. His baby sister is doing great. His mother states "The knowledge, resources and support that I have received from the Family Treatment Court, Early ACCESS and CHSC have allowed me to be a woman of dignity as well as a productive member of society and most of all, a good mother."